

**FIRM PERMIT
TO PRACTICE PUBLIC ACCOUNTANCY APPLICATION**
Office of the Secretary of the State
Connecticut State Board of Accountancy Form SBA-6 (Rev. 07/12)

For Board use only!
Check No. _____
Transaction Date _____ Amount Received _____

Please Note: This is a **2 page form**, all pages must be completed and returned before it will be processed.

1. APPLICATION TYPE

☐ INITIAL APPLICATION ☐ REINSTATEMENT APPLICATION

☐ TERMINATE THE PERMIT FOR PREDECESSOR FIRM NAME _____ PERMIT NO. _____

2. PROVIDE FIRM NAME:

NAME OF FIRM _____

PRIMARY OFFICE ADDRESS:

Street Address _____

Town/City _____

State _____

Zip Code _____

Individual in Charge _____

CPA License No.: _____

State (where Licensed) _____

PH No.() -

FAX No.() -

Email: _____

3. FORM OF PRACTICE, CHECK THE APPROPRIATE BLOCK:

- ☐ General Partnership
☐ Limited Liability Company
☐ Limited Liability Partnership
☐ Professional Corporation
☐ Sole Proprietor

4. FEE (Pursuant to Sec. 20-281e(e) :

- ☐ The above named firm is comprised of **more than one person** who holds a CPA Certificate, **\$150.00** fee is required.
☐ The above named firm is comprised of **only one person** who holds a CPA Certificate, **no fee is required**.
☐ Check enclosed: Mail completed form(s) to State Board of Accountancy, Payment Center, P.O. Box 150477, Hartford, CT 06115-0477 accompanied by the enclosed payment made payable to the Treasurer State of Connecticut for checks, Money Orders, or Cashier's checks.
☐ For **credit card payments** you will need to download *the separate Credit Card Payment Sheet* that **must** be submitted along with *this form to the address provided on the separate* payment sheet. The separate *Credit Card Payment Sheet* can be found on our web-site, under forms.

5. PROVIDE THE OTHER JURISDICTIONS IN WHICH THE FIRM IS PRACTICING PUBLIC ACCOUNTANCY, CHECK ALL THAT APPLY(PURSUANT to SEC. 20-281e(f))

- | | | | | | | | | |
|-----------------------------------|--|--|---|---------------------------------------|---|--|--|------------------------------------|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Alaska | <input type="checkbox"/> Arizona | <input type="checkbox"/> Arkansas | <input type="checkbox"/> California | <input type="checkbox"/> Colorado | <input type="checkbox"/> Delaware | <input type="checkbox"/> Guam | <input type="checkbox"/> Florida |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Idaho | <input type="checkbox"/> Illinois | <input type="checkbox"/> Indiana | <input type="checkbox"/> Iowa | <input type="checkbox"/> Kansas | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Louisiana |
| <input type="checkbox"/> Maine | <input type="checkbox"/> Maryland | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Michigan | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Missouri | <input type="checkbox"/> Montana | <input type="checkbox"/> Nebraska |
| <input type="checkbox"/> Nevada | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> New Jersey | <input type="checkbox"/> New Mexico | <input type="checkbox"/> New York | <input type="checkbox"/> North Carolina | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Ohio | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> Oregon | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> South Carolina | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Texas | <input type="checkbox"/> Utah | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Virginia | <input type="checkbox"/> Washington | <input type="checkbox"/> West Virginia | <input type="checkbox"/> Wisconsin | <input type="checkbox"/> Wyoming | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> US Virgin Is. | <input type="checkbox"/> Washington DC | |

6. LICENSED OWNERS & NON-LICENSED OWNERS (Pursuant to Sec. 20-281e(c)(1) (Please attach separate sheet if necessary)

Percent of the firm owned by licensees: _____

Percent of the firm owned by non-licensees: _____

Name of Owner(s):

Percent Ownership%

State & Lic.No: (if applicable)

FIRM PERMIT TO PRACTICE PUBLIC ACCOUNTANCY APPLICATION**7. PLEASE LIST EACH CONNECTICUT OFFICE (Please attach separate sheet if necessary)****PURSUANT to SEC. 20-281e(d))**

Office address: _____

Office address: _____

Individual in charge: _____

Individual in charge: _____

PH No.() - FAX No.() -

PH No.() - FAX No.() -

Email address: _____

Email address: _____

8. PLEASE LIST ALL PROPRIETORS, PARTNERS, AND SHAREHOLDERS OF THE FIRM WHOSE PRINCIPAL PLACE OF BUSINESS IS IN CONNECTICUT, WHO PERFORMS PROFESSIONAL SERVICES IN CONNECTICUT AND WHO WORKS IN CONNECTICUT. (Pursuant to Sec.20-281b. or Sec. 20-281d.)(Please attach separate sheet if necessary)1. _____
Name of Partners or Shareholders CT Lic. No.2. _____
Name of Partners or Shareholders CT Lic. No.3. _____
Name of Partners or Shareholders CT Lic. No.4. _____
Name of Partners or Shareholders CT Lic. No.5. _____
Name of Partners or Shareholders CT Lic. No.6. _____
Name of Partners or Shareholders CT Lic. No.**9. PLEASE LIST ALL PERSONS IN CHARGE OF ATTEST & COMPILATION SERVICES RENDERED IN CONNECTICUT. (PURSUANT TO SEC. 20-281e(d) (Please attach separate sheet if necessary).**1. _____
Name State & Lic. No2. _____
Name State & Lic. No3. _____
Name State & Lic. No4. _____
Name State & Lic. No5. _____
Name State & Lic. No6. _____
Name State & Lic. No

10. SIGN & DATE: I declare that I have registered all offices of this firm which practice public accountancy in Connecticut; that I have listed all the names of all persons in charge and who works in Connecticut; and that I have listed the percentage of ownership of all licensed and non licensed owners affiliated with this firm. I further declare that I will promptly report to the Connecticut State Board of Accountancy any changes to the list of offices, partners, shareholders, members, resident managers, or non-licensee owners that occur during the period of registration. Furthermore, I certify under penalty of perjury that all representations made on this form are true and accurate.

Signature of sole proprietor, managing partner or officer_____
Date**THIS SPACE FOR BOARD USE ONLY!**_____
Date approved_____
Permit No._____
Peer Review Date

FIRM PERMIT TO PRACTICE PUBLIC ACCOUNTANCY APPLICATION

General Instructions

Please type or print all requested information. If the space provided is insufficient please attach a separate sheet. All applications for a Firm Permit to Practice will be placed on the next available Board meeting agenda for approval (the board typically meets monthly). The Firm Permit to Practice is valid for the remainder of the calendar year, in which it is granted (Jan. 1, - Dec 31,). Connecticut also requires a firm to undergo a Quality Review as a condition of renewal of a firm permit to practice.

1. Application Type

- Please check the appropriate boxes.
- A new Firm Permit to Practice Public Accountancy must be applied for when the Firm name changes and/or the form of practice changes.
- If the new firm is replacing an existing firm please check the block to terminate the predecessor firm.

2. Firm Name and Primary Office address

- Please provide the Firm name exactly how you wish it to appear on the Firm Permit to Practice and also provide the primary office address. Trade names are permitted in Connecticut. A licensee shall not practice public accountancy under a firm name that is misleading. The names of one or more past partner, shareholder, or member may be included in the firm name of a successor, partnership, corporation, or limited liability company.
- Please provide the name of the person in charge or the sole proprietor along with the CPA License number and State where they hold the CPA license.
- Please provide the Firm's telephone, fax numbers and email address.

3. Form of Practice

- Please check the appropriate box. If the form of practice changes a new Firm Permit to Practice must be applied for.

4. Fee

- Determine whether payment of the \$150.00 fee is appropriate from Section 4 of this form by checking the corresponding box. If the firm is comprised of more than one person who holds a CPA Certificate (including staff), regardless of whether they work in Connecticut or not, the fee is due. If the firm is comprised of **only** one person who holds a CPA Certificate Authority no fee is required.
- Mail completed form(s) to State Board of Accountancy, Payment Center, P.O. Box 150477, Hartford, CT 06115-0477 **with a check** made payable to the Treasurer State of Connecticut for checks, Money Orders, or Cashier's Checks or for **credit card payments** you will need to download *the separate Credit Card Payment Sheet* that **must** be submitted along with *this* form to the address provided on the separate payment sheet. The separate *Credit Card Payment Sheet* can be found on our web-site, under forms.

5. Other Jurisdictions

- Check the appropriate block for all jurisdictions that the firm is or will be practicing public accountancy.

6. Licensed Owners and Non-Licensed Owners

- Indicate percentage of firm owned by licensees and non-licensees.
- Required are names, percentage of ownership, state and license number, if applicable.

7. Connecticut Offices

- Provide the address of each office in Connecticut.
- Holders of a Firm Permit to Practice must notify the Board in writing, within thirty days when any change occurs in the number or location of offices in Connecticut.
- Please attach a separate sheet if necessary.
- All attest services and compilation services rendered in Connecticut must be under the charge of a person holding a valid Connecticut CPA License or a CPA license issued by another State. Please note that all owners whose principal place of business is Connecticut must hold a Connecticut CPA License.

8. Partners and Shareholders

- List the name and Connecticut individual CPA license number of the proprietors, partners or shareholders whose principal place of business is in Connecticut, who performs professional services in Connecticut and who works in Connecticut.
- Both applicants for and holders of a Firm Permit to Practice must notify the Board in writing, within thirty days when any change occurs in the identities of any partners or shareholders working in Connecticut.
- If the individual CPA license is being applied for simultaneously, please write **application pending** in the space provided.
- Both applicants for and holders of a Firm Permit to Practice must notify the Board in writing, within thirty days when any other jurisdiction denies, revokes or suspends an individual listed in this section.

9. Persons in Charge of Attest & Compilation Services rendered in Connecticut

- List the name and individual CPA license number of the persons in charge of Attest & Compilation Services rendered in Connecticut.

10. Sign & Date

- The sole proprietor, managing partner or the appropriate officer must sign and date the application.